

stupor, diacetic acid in melancholia, the akinetic conditions of dementia præcox and general paresis, alcoholic hallucination with fear. There appears to be no definite relation between the production of these bodies and the psychoses.

8. *Studies in the Manic-Depressive Insanity.*—Careful and systematic study of these cases reveals the presence of certain symptoms which form the basis of a common clinical complex whose variations are much more quantitative than qualitative changes. Use of the terms "mania" and "melancholia" smacks of casuistry, and the careful study of these conditions discloses their intimate relationship, the manic states generally being preceded by depression. Several cases are cited to elucidate this fact and they show that manic and depressive conditions are not antithetical. Further special study should be made of such cases as to blood pressure and the changes in the urine during the periods of excitement and depression.

McCORN (New York).

REVUE NEUROLOGIQUE.

(Vol. X, 1902, No. 11, June 15.)

1. Primary Bronchial Cancer, followed by Miliary Carcinosis with Polyneural Complications. J. OBERTHUR.

1. *Polyneural Complications in Bronchial Cancer.*—An account of what the author believed to be a case of primary carcinoma of the left lung, having a bronchial origin, which rapidly invaded the right lung. The epithelial elements entering the general circulation through the pulmonary vein, were thus distributed throughout the entire system, and the cancer of the lung was most highly favored by a corresponding infection of the entire organism. The rarity of such a development, the large number and great variety of the metastases, the absence of any large ganglion accessible to palpation, the preponderance of motor and sensory phenomena, the difficulty of examination, the unusual progress of the disease, all these factors easily explain why a satisfactory diagnosis was impossible during life. The lesions of the neuro-muscular system were of two kinds; beside the ordinary lesions of cancerous cachexia, lesions of a mechanical nature were also present, on the one hand considerable compression and destruction of the motor and sensory nerve endings, and on the other hand general cancerous muscular inflammation, which together gave a particularly painful character to the polyneural complications of this peculiar pathogenesis.

JELLIFFE.

BRAIN.

(Vol. 25, 1902, No. 98, Summer.)

1. On Pachymeningitis Hæmorrhagica Interna. J. O. W. BARRATT.
2. Case of Tubercular Tumor of the Spinal Cord in a Child Two Years Old. W. K. HUNTER.
3. A Contribution to the Pathology of Acute Insanity. DAVID ORR.
4. Uniradicular Palsies of the Brachial Plexus. E. FARQUHAR BUZZARD.
5. A Case of Sclerotic Atrophy of Cerebrum and Cerebellum, Familial Type, Occurring in a Boy. J. MITCHELL CLARKE.
6. The Pathology of So-Called Acute Myelitis. H. DOUGLAS SINGER.
7. A Case of Acromegaly under Observation for Five Years, with Charts of the Fields of Vision. F. RICHARDSON CROSS.

1. *Internal Hemorrhagic Pachymeningitis.*—The author summarizes his observations as follows: (1) Intravascular separation of fibrin is an apparently constant event in subdural membrane formation. (2) Subdural membranes are free from micro-organisms as revealed by staining methods. The results of attempted culture upon agar, though not always negative, indicate that during life such membranes are free from bacteria. (3) Experimental implantation of false membrane into the subdural space of cats fails

to set up a progressive process of membrane formation. The few changes which occur outside the operation area are comparable to a process of repair. Finally the view may be advanced that pachymeningitis hæmorrhagica interna is a morbid process, in which the essential lesion is a separation of fibrin, usually within the blood vessels, upon which the other changes in this condition are largely if not chiefly dependent.

2. *Tubercular Tumor of the Cord*.—This is an interesting contribution particularly to the study of fiber degenerations with too many details to permit abstracting.

3. *Pathology of Acute Insanity*.—Dr. Orr presents the results of the examination of the nervous system of six patients with acute insanity dying of exhaustion. The appearances found in the cerebral cortex, fronto-motor area, and in the cord (Case 1) were slight changes affecting the edge of the chromophile bodies generally throughout the cell, and others showing atypical central chromatolysis. In the cortex the nucleus of the small pyramidal cells stains very deeply and diffusely. There are few cells in the gray matter of the cord which color deep blue and appear homogeneous. In the posterior root ganglia cells were profoundly altered by chromolytic changes. Two chief types of alterations are described as very characteristic. The first type is described as the large type in which the chromophilic elements are small and granuliform, both around the nucleus and in the central parts of the cell generally. Towards the edge the chromophile granules may either be found of a slightly larger size or there may be a distinct single row of large, slender elongated chromophile elements extending completely round the periphery of the cell. Elsewhere the granules are exceedingly small and densely crowded. The nucleus is central and is surrounded by a clear zone—the perinuclear space. The second type, the medium sized, with larger granules. The chromatolysis in both cells is varied. In the first the small granules break up into still smaller ones, lose their affinity for the stain and disappear and achromatosis ensues. Nucleus usually central but may be eccentric. In the second type the chromatolysis may be central, the granules break down to minute dust-like granules. The nucleus becomes eccentric to the least degenerated side. Vacuolation also occurs. In cases 2 and 3 similar cell changes were described. In case 4 a dissolution of the chromophilic material in the cortical nerve cells had taken place and in the body of the cell a faintly stained network can be perceived. The nucleolus is vacuolated. In case 5 the cortical changes as in 4. Case 6 showed similar changes to case 1. Degenerated fibers in the cord were constant.

4. *Uniradicular Palsies of the Brachial Plexus*.—E. F. Buzzard discusses, (1) the histories of six cases in which the symptoms pointed to a lesion of one of the spinal nerves forming the brachial plexus; (2) he discusses the sensory and motor phenomena produced by such a condition; and (3) he considers the anatomical site and pathological basis of the morbid process concerned. From his study he concludes:

(1) There exists a clinical group of cases in which the symptoms strongly suggest a more or less complete destruction of functional continuity in one of the spinal nerves forming the brachial plexus: (2) the objective disturbances of sensibility resulting from this lesion closely conform to those observed by Sherrington after cutting a posterior root in a monkey. They differ in some respects from the anesthesia produced by the division of a peripheral nerve; (3) the anesthesia is largely disassociative in character, and does not occupy the whole cutaneous area to which the afferent fibers of the spinal nerve are distributed; (4) the objective hypesthesia is not associated with any subjective sensation of numbness, and is consequently overlooked by the patient; (5) the atrophy of the affected muscles is in excess of what might be expected in view of the fact that many of the

muscles receive fibers from two or more spinal nerves; (6) the condition generally occurs in persons who have at some time been subjects of a disease affecting the cardio-vascular system. The morbid process is probably vascular in character, and may be sudden or gradual in its onset.

5. *Sclerotic Atrophy of Cerebrum and Cerebellum of Familial Type*.—J. Mitchell Clarke describes a case of a boy of seven and one-half years, who clinically may be grouped as intermediate between a case of cerebral diplegia of post-natal origin, and a hereditary cerebellar ataxia with the occurrence of a peculiar form of blindness due to a special incidence of the disease upon the occipital lobes. The case seems unique, but is too detailed to admit of full abstracting.

6. *Pathology of So-Called Acute Myelitis*.—H. Douglas Singer gives a brief historical résumé of the pathology, describes the morbid anatomy in two cases of acute course, and presents some remarks on the etiological and clinical features of the disease. He maintains that:

(1) So-called acute myelitis is found on microscopical examination, in the majority of recorded cases, to be not inflammatory, but due to thrombosis of spinal vessels. (2) That by far the most common cause of this thrombosis is syphilitic arteritis; and that senile arterial degeneration forms a considerable proportion of the remaining cases; (3) this view as to the pathology is confirmed clinically by the analogy between this disease and cerebral thrombosis. In conclusion he urges that the recognition of thrombosis of spinal vessels as the most common cause of the symptom-complex described as acute myelitis is not merely of academic interest, but may be of practical value. It is possible that prompt treatment, in many cases presenting premonitory symptoms and giving a history of recent syphilis, may ward off an attack of this nature. For this reason alone, to say nothing of the confusion which has arisen from the indiscriminate use of the term "myelitis," he advises that the nomenclature used by Dr. Bastian should be adopted, and that these cases be classed as "thrombotic softening of the spinal cord," or, more simply, "spinal thrombosis"—a name which at once suggests the analogy with cerebral thrombosis.

7. *Acromegaly*.—F. Richardson Cross describes a patient who has been under observation five years and gives complete charts of the visual fields that showed that in 1895 no definite serious impairment of sight was present. Acromegaly was not then pronounced. In 1897, with complete establishment of the disease, there was blindness in the temporal field of the right eye and almost complete loss of sight in the left eye. The degrees of the blind portions in the visual fields of both eyes have progressively lessened with the improvement in the general health. JELLIFFE.

ARCHIVES DE NEUROLOGIE.

(Vol. 14, 1902, No. 81, September.)

1. General Paresis from Data Compiled at the Psychiatrial Clinic of the University of Moscow: by S. SOUKHANOFF and P. GANNOUCH-KINE.
2. Corneal Depression and Serious Encephalopathic States. B. PAILHAS.
3. A Case of Hysterical Breast. VIALON and ALOMBERT.
4. Hysteria of Saint Theresa.

1. *General Paresis*.—This article is a statistical study of 682 cases of general paresis which have been treated in the Moscow Clinic between the years 1887 and January 1, 1901. The total attendance during this period was 3,916. Of the paretics 590 were men and 92 were women. This shows that a fifth of all the cases were paretics; the relation of the male paretics to the total number of male cases was 1 to 4; while the female paretics were only 6.5 in 100. Their tables show that the number of paretics has increased in the last few years, not only absolutely, but what is of more significance, relatively as well. The number of female paretics in-